Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

MDIOS95PUS

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OΒ	OTHER THAN OR SMALL ENTITY	
TO	TAL CLAIMS		32		(Oold)m(2)			RATE		OR I		FEE
									FEE		RATE	
FOR			NUMBER FILED		NUMBER EXTRA		ľ	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			ろンminus 20=		* /2			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			9 minus 3 =		* 6		Ī	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								•		ı	OTHER	THAN
(Column 1) (Column						(Column 3)	_	SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	İ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- 01 111	=	ſ	X42=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF M	JLI IPLE DEF	ENDEN	CLAIM			+140=		OR	+280=	
								TOTAL		OR	TOTAL	
		Al	DDIT. FEE		10.1	ADDIT. FEE						
		(Column 1) CLAIMS		(Colui	IEST	(Column 3)	iг		ADDI-	1	<u> </u>	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		_	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=	 	X42=	• • • • • • • • • • • • • • • • • • • •	OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╿┝					
							Ĺ	+140=		OR	+280=	
										OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N ON	Total	*	Minus	**		=	lΓ	X\$ 9=		OR	X\$18=	
ME	Indep ndent	*	Minus	***		=	!	X42=			X84=	
	FIRST PRESE	ULTIPLE DE	TIPLE DEPENDENT		_AIM				OR			
	If the major to a st	ma dialess the co	h a		- 407 !	Norman O		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE OR ADDIT. FEE												
·**		ımber Previously F nber Previously Pa					er four	nd in the ap	propriate bo	x in co	olumn 1.	